File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, lowa 50319 Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

PM 3.31.09 2009 APR - 1 PM 1:50

COMMITTEE NAME (Must be same as on Statement of Organ	:e\			
Anamosa School BOND Referendum	Committee	Íſ	FORM	
IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legis lative/Judge Standing for Retention Candidate (2) (4) County Central Committee (5) County Candidate (6) City Candidate Subdivision Candidate (8) County PAC (9) City PAC (10) School Botton Local Ballot Issue	State PAC (3)State Party	. (E	DR-2 Rev. 07/2007) For Office Use On	-
CANDIDATE COMMITTEES ONLY: Candidate Name	Political Party (if applicable)	S	ogged In Scanned	
Office Sought	District (if Senate or House)	A	udited	
Late reports are subject to possible civil and criminal penalties. Pursu	uant to Iowa Code sections 68B.32A	.(7) and 68	3A.401(3), the car	ndidate, for a
SIGNATURE OF PERSON FILING REPORT	319-462-3577 TELEPHONE			09
01-01-09 the 13-31 19		_		
(report date)	REPORT FOR (1) ELECTION Indicate by #	/(2)NON-	ELECTION YEA	AR.
CHECK IF AMENDMENT TO REPORT DATED	 [Local Com	mittees, enter Dat	e of Election
☐ Check if this is final (termination) report and attach Notice of D (You must continue to file reports until a DR-3 is filed.)	1 1	County & L	2- 200 ocal Committees, tion is held VES	. ,
STATEMENT OF CASH ON HAND				
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the cas of the last reporting period or must be zero if this is first	h on hand at the end	\$	750	5
ADD TOTAL MONEY TAKEN IN THIS PERIOD	, , , , , , , , , , , , , , , , , , ,	Ψ		20
Schedule A: Cash Contributions total (Attach Schedule	A) (*also see in-kind below)		4450	5
Schedule F: Loans Received total (Attach Schedule F)				
Schedule H: Total Sales of Campaign Property (Attach				
(Schedule H applies to Candidates' Commit	tees Only)		~~A	A
	SUB-TOTAL	\$	530	<u> </u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD			3615	22
Schedule B: Expenditures total (Attach Schedule B) (**a			3619	
Schedule F: Loan Repayments total (Attach Schedule F	-)	•••••		
CASH ON HAND at the end of this reporting period (if final report	balance must be zero)	\$	1684.	78
*UNPAID BILLS (From Schedule D - Attach Schedule D)		\$		
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule				
*OUTSTANDING LOANS (From Schedule F - Attach Schedule F				
CONSULTANT BREAKDOWN (Schedule G Attached?)		•••	YESN	0
CANDIDATE COMMITTEES ONLY:				. -
ALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach				

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For	Instructions,	See	Back	Ωf	Form
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Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Anamosa School BOND Referendum Committee

SCHEDULE					
A (Rev. 07/03)	MONETARY RECEIPTS				
CHECK THIS BOX IF AMENDING FORM					

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER		TO CANDIDATE* (if applicable)	RECEIVED	FUND- RAISER INCOME
1-8-09	ID# CK#	Matt Mc Quillen 18936 Shooting Star Rd Anamosa Iowa 52205	N/A	\$ 500	
1-14-09	ID# CK#	Security State Bank RO. Box 39 Cascade Iowa 52205	N/A	500 0	
1-15-09	ID# CK#	Maguoketa Valley Elec. Coop PO Box 370 Anamosa Iowa 52205	N/A	25000	1
1-15-09	ID# CK#	F1M Bank P.O. Bex 588 Manchester, Iowa 52057	N/A	500	-
1-19-09	ID# CK#	Bower Dole + Riniker, LLP P.O. BOX 17 Anamosa Iowa 52205	N/A	300 00	
1-22-09	ID# CK#	Charlene George 905 N. Williams St Anamosa Iowa 52205	N/A	50 1	
1-28-09	ID# CK#	Citizens Bank 215 E. Main St Anamosa Iowa 52205	N/A	500	
1-14-09	ID# CK#	Duncan Chiropractic Clinic 405 E. Main St Anamosa Iowa 52205	N/A	75 **	
2-1-09	ID# CK#	Anomosa Dental Associates 702 west Main St. Anamosa Iowa 52205	N/A	100 -	
2-10-09	ID# CK#	ATThomas 102 N. Fird St Anamosa Iowa 52205	NA	200	
		- 	SUB-TOTAL	\$ 2975°	
		TOTAL (if last page	of this schedule)		

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of 3 (for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

AMM OSA School BOND Referendum Committee

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
_	CK THIS BOX IF NDING FORM

Reset Form

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
2-12-09	ID# CK#	Anamora Veterinary Clinic 10538 Shaw Rd Anamora Ioua 52205	N/A	\$ 250 -	
2-12-09	ID# CK#	Steve Goodall	NA	20 00 cash donation	
2-12-09	ID# CK#	Jones County Abstract/Title 408 W. Main St Anamosa Iowa 52205	NA	30 00	
a-20-09	ID# CK#	Weers Insurance Agency P.O. Box 78 Anamosa Iowa 5205	NA	10000	
2-20-09	ID# CK#	Dr. Michael Warner 900 Fast 3rd St., Suite A Anamosa Iowa 5205	N/A	50 =	
2-22-09	ID# CK#	Anamosa Furniture Mart 21597 Co Rd E-34 Anamosa Iowa 52205	N/A	200	
2-27-09	ID# CK#	P. O. Box 57 Olin, Iowa 52320	ALU	100	
5-58-09	ID# CK#	Jones Regional Medical Center 104 Broadway Place Anamoso Iowa 52005	N/A	500	
3-13-09	ID# CK#	Grant wood Area Abstract P.O. Box 212 Anamosa Iowa 52205	NA	25	
3-20-09	ID# CK#	Total Eye Health Center 603 East Main St Anamosa Iowa 52205	N/A	100	
		TOTAL (if last page	SUB-TOTAL of this schedule)	\$1375	

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Page 2 of 3 (for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Anamosa School BOND Referendum Committee

Reset Form	SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
		CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADD		RIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
3-25-09	ID# CK#	Bard Conc Posox 198 Anamosa	Towa _	53905		\$ 160	
	ID# CK#						
	ID# CK#						
	ID# CK#						
	ID# CK#						
	ID# CK#						
·	ID# CK#						
	ID# CK#						
	ID# CK#						
	ID# CK#						
					SUB-TOTAL		

TOTAL (if last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

COMMITTEE	NAME (Mu	st be sam	e as on Statement o	f Organization)
Anamosa	School	BOND	Referendum	Connittee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
3-6-09	ID# CK# 1001	Carter Printing Des Moines, Ia	Yard Signs	\$ 783 08
3-8-09	ID#	Office Max 327 Collins Rd. N.F. Cedar Rapids, Ioua 5240	Brochure Display Holders	19 06
3-13-09	ID# CK# 1003	Lawrence Comm Certer 600 East Main St Anamosa I owa 52205	Room Rental	50 00
3-13-09	ID# CK#1004	Laurence Comm Center 600 East Main St Anamosa Iowa 52215	Damage Deposit	50
3-13-09	CK#1005	Cutting Edge Graphics 1080 East Post Rd Marion Iowa 52302	Banners	693 36
3-21-09	CK#1006	Martelle Messenger	Advertising	40
3-28-09	ID# СК# I007	Anamosa Publications P.O. Box 108 Anamosa Ia. 52205	Advertising	1556
3-28-09	CK#] 00 8	Anamosa Prison Industries P.O. Box 430 Anamosa Iuwa 52205	Door Hangers	423.72
			SUB-TOTAL TOTAL (if last page of this schedule)	\$3615.22

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1013	THE JA	APPI	11-5		CANCILLA	A I E &'	CONTRACTED	ANI V

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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